FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPE	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Lorrain Daniel S. (Last) (First) (Middle) 3565 GENERAL ATOMICS COURT, SUITE 200					2. Issuer Name and Ticker or Trading Symbol Contineum Therapeutics, Inc. [CTNM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
					3. Date of Earliest Transaction (Month/Day/Year) 11/18/2024								Officer (give title Other (specify below) below) Chief Scientific Officer				
(Street) SAN DIEGO CA 92121 (City) (State) (Zip)			- 4. -	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(0.0)			I - Non-Deriv	vativ	e Seci	ırities	Acc	quire	ed, D	isposed o	of, or	Benef	icially	Own	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			on	2A. Deemed Execution Date,		, 3. Ti	3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount of			7. Nature of Indirect Beneficial Ownership		
							С	ode	v	Amount	(A) or (D)	Price	Trai		action(s) 3 and 4)	(Instr. 4)	(Instr. 4)
Class A Common Stock 11/18/2024)24				S ⁽¹⁾		6,091	D	\$16.3	3738 ⁽²⁾	16	69,671	D	
Class A Common Stock 11/18/2024)24				S ⁽¹⁾		99	D	\$1	7.05	16	59,572	D		
Class A Common Stock														3,	,898(3)	I	By Spouse
		Tal	ble II - Deriva (e.g., ۱						,	posed of , converti	,		•	Owne	d		
	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	3A. Deemed Execution Date, if any (Month/Day/Year	Co	Fransaction Code (Instr. B) S		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
					do V	(4)	(D)	Date	e rojaabl	Expiration	ı Titlo	Amou or Numb of	er				

Explanation of Responses:

- 1. This transaction was effected pursuant to a 10b5-1 trading plan adopted by the reporting person on August 19, 2024.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.03 to \$17.02, inclusive. The reporting person undertakes to provide to Issuer, any security holder of Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote to this Form 4.

Exercisable

Date

(D)

3. Includes 325 shares purchased through Issuer's Employee Stock Purchase Plan.

/s/ Peter Slover, Attorney-in-

of Shares

Title

11/20/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.